PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Please type a plus sign (+) inside this box

Application Number	
Filing Date	
First Named Inventor	Tuomikoski, Joseph W.
Title	Scent Lure Dispenser
Group Art Unit	
Examiner Name	
Attorney Docket Number	21452-00002

I hereby appoint:						
X Practitioners at €ORPractitioner(s) na	Customer Number 27144	Place Customer Number Bar Code Label here				
	Name	Registration Number				
	- Talino	Tregistration Hamber				
	r agent(s) to prosecute the application ide States Patent and Trademark Office conr					
	espondence address for the above-identined Customer Number.	Place Customer Number Bar Code Label here				
Firm or						
Individual Name						
Address						
Address						
City	l s	state Zip				
Country		_				
Telephone	<u> </u>	ax				
I am the:						
X Applicant/Invent	or.					
	ord of the entire interest. See 37 CFR 3.7 r 37 CFR 3.73(b) is enclosed. (Form PTC					
	SIGNATURE of Applicant or Assigne	e of Record				
Name Dal	e James Syer					
Signature 7 Carlos Solution						
Date 9-	18-01					
NOTE: Signatures of all the inver	ntors or assignees of record of the entire interest or	their representative(s) are required. Submit multiple				
forms if more than one signature 2 *Total of 3 for	ns required, see below. This are submitted.					
10/8/01 <u>10/</u>	nio die aubinilleu.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	→

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Tuomikoski, Joseph W.
Title	Scent Lure Dispenser
Group Art Unit	
Examiner Name	
Attorney Docket Number	21452-00002

I hereby appoi	int:							
OR	ners at Cus	tomer Number	27144	1 .		Nun	ce Customer nber Bar Cod el here	9
Fractition	er(s) name	Name	· · ·		Dogist	ration N	webor	7
		Name			Regist	ration N	umber	
							· · · · · · · · · · · · · · · · · · ·	
						····		
as my/our attorn business in the l							transact all	
Please change to The above-	•	ondence addre Customer Nur		e-identified	application		ustomer	
Practitioner	s at Custor	mer Number		<u> </u>	→	Number	Bar Code	
OR					L	Label he	ere	
Firm or Individual Na	ıme							
Address								
Address								-
City				State			Zip	
Country		_			τ			
Telephone				Fax	<u> </u>		_	
I am the:								
X Applican	t/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
		SIGNATURE	of Applicant or	Assignee of	Record			
	David			······································	_			
	Name David Edward Lee						<u></u>	
Signature Lange Odubrol 1								
Date	/	1 - 11-0	0/					
NOTE: Signatures of all forms if more than one	I the inventors signature is re	s or assignees of r equired, see below	record of the entire	interest or the	ir represent	ative(s) ar	re required. Su	omit multiple
☑ *Total of <u>3</u>		are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	→ [+	l
---	------------	---	---

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Tuomikoski, Joseph W.
Title	Scent Lure Dispenser
Group Art Unit	
Examiner Name	
Attorney Docket Number	21452-00002

I hereby appo	int:				
X Practition OR	ners at C	Customer Number 27144	Place Customer Number Bar Code Label here		
Practition	er(s) na	med below:			
		Name	Registration Number		
I					
		agent(s) to prosecute the application ide			
		States Patent and Trademark Office conn			
		espondence address for the above-identi ned Customer Number.	ned application to:		
OR			Place Customer		
☐ Practitioner	rs at Cus	stomer Number	Number Bar Code Label here		
OR			Edbornore		
Firm or Individual Na	ame				
Address					
Address		_			
City		S	State Zip		
Country					
Telephone		F	Fax		
l am the:					
X Applican	t/Invent	or.			
☐ Assigned	a of race	ord of the entire interest. See 37 CFR 3.7	1		
		r 37 CFR 3.73(b) is enclosed. (Form PTC			
SIGNATURE of Applicant or Assignee of Record					
Name	Jose	eph.William Tuomikoski	-		
Signature (ment w. Twon for the contract of th					
Date 9/18/01					
NOTE: Signatures of al	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
forms if more than one	signature	is required, see below*.			
☑ *Total of <u>3</u>	for	ms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial **Filing**

Declaration Submitted after Initial OR Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		21452-00002	
First Named Inventor		Tuomikoski, Joseph	W.
COMPLE	TE IF	KNOWN	
Application Number			
Filing Date			
Group Art Unit			
Examiner Name			_

As a below named inventor, I he	ereby declare that:				
My residence, mailing address, ar	nd citizenship are as sta	ted below next to my nam	10.		
I believe I am the original, first and names are listed below) of the sul	d sole inventor (if only or oject matter which is cla	ne name is listed below) of imed and for which a pate	or an original, first ent is sought on th	t and joint inventor he invention entitle	r (if ptural ed:
	SCENT LURE				
	(Title of t	the Invention)	·		
the specification of which	(7,000,1	·			
X is attached hereto					
or was filed on (MM/DD/YYYY)		as United St	ates Application I	Number or PCT In	ternational
Application Number	and was	amended on (MM/DD/YY	m	·	(if applicable).
I hereby state that I have reviewed amended by any amendment spec	d and understand the co	intents of the above ident e.	ified specification	, including the cla	ims, as
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became av	vailable between the filing	defined in 37 CFI date of the prior	R 1.56, including f	or continuation- ne national or
I hereby claim foreign priority ben or plant breeder's rights certificat than the United States of Americ patent, inventor's or plant breeder application on which priority is clai	e(s), or 365(a) of any F a, listed below and ha r's rights certificate(s), c	PCT international applicate also identified below.	ition which design by checking the	nated at least one box, any foreign	e country other application for
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cor YES	by Attached?
				//OZB attracted has	

[Page 1 of 2]

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Number or Bar Code Label 27144 OR Correspondence address below					
Name					
Address					
City	Sta	ite	ZIP		
Country Tel	ephone		Fax		
I hereby declare that all statements made herein of my care believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, uvalidity of the application or any patent issued thereon.	its were made with the	knowledge that willful f	alse statements and the like so		
NAME OF SOLE OR FIRST INVENTOR :	A petition has b	een filed for this un	signed inventor		
Given Name (first and middle [if any]) Joseph William		nily Name Surname	Tuomikoski		
Inventor's Signature Joseph W. Jumpa			Date 9/18/0/		
Residence: City	MI State	USA Country	USA Citizenship		
Mailing Address 44800 Bayview Drive	_				
City	MI State	48377 ZIP	USA Country		
NAME OF SECOND INVENTOR:	A petition has be	en filed for this unsi	gned inventor		
Given Name (first and middle [if any]) David Edward	Fan	nily Name Le			
Inventor's Signature Cave 1			Date 9-15-01		
Residence: City Keego Harbor	State MI	Country USA	USA Citizenship		
Mailing Address 2485 Pine Lake Avenue					
City Keego Harbor	MI State	ZIP 48320	USA Country		
X Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box	+
---	---

Pto/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

		<u> </u>					
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any]) Family Name or Surname					umame		
Dale James			Syer				
Inventor's Signature				Date 9-18-0			
Residence: City Walled Lake	State MI	(Country USA		Citizenship USA		
Mailing Address 1732 Ashstan Drive							
Mailing Address							
City Walled Lake	State MI		ZIP 48390 Country USA				
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any]) Family Name or Surname					umame		
Inventor's Signature Date							
Residence: City	sidence: City State Country		Country	Citizenship			
Mailing Address							
Mailing Address							
City	State	ZIP Cou		Cou	untry ·		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or Sumame				or Surname			
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State	ZIP		Co	Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.